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UNITED STATES PATENT APPLICATION TRANSMITTAL FORM

21907 U.S. PTO
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Mail Stop Patent Application
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, V.A. 22313-1450

Docket No.: 0001376/3062USU

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **IL-DU JUNG and JANG-KEUN OH**

For: **CYCLONE-TYPE DUST COLLECTING APPARATUS
FOR VACUUM CLEANER**

Enclosed are:

XXX Specification (20 pps.) consisting of: Description (12 pps); Claims (7 pps); Abstract (1 pp);

XXX 10 sheets of drawings;

XXX Declaration and Power of Attorney;

XXX An assignment of the invention to: **SAMSUNG GWANGJU ELECTRONICS CO., LTD.**, including \$40.00 recordation fee and Assignment Recordation Form Cover Sheet;

___ Information Disclosure Statement (with copies of patent);

___ Form - PTO-1449;

___ The undersigned attorney has verified that the applicant is entitled to a Small Entity Status; and

___ Priority of U.S. Provisional Patent Application Serial No. _____, filed on _____ is claimed under 35 U.S.C. §119(e).

___ Priority of U.S. Patent Application Serial No. _____, filed on _____ is claimed under 35 U.S.C. §120.

XXX Priority of application Serial No. **10-2003-0026644** filed on **April 28, 2003** in **Korea** claimed under 35 U.S.C. §119;

XXX Korean Priority Document Application No. **10-2003-0026644** filed on **April 28, 2003**.

___ A Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i).

The Filing Fee is calculated below.

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee
Total Claims	28 - 20 =	8	x \$18.00	\$750.00 \$144.00
Independent Claims	2 - 3 =	0	x \$84.00	\$0
Multiple Dependent Claim Fee		x \$280.00 = \$0.00		
TOTAL FILING FEE		\$894.00		
1/2 FILING FEE FOR SMALL ENTITY		\$N/A		

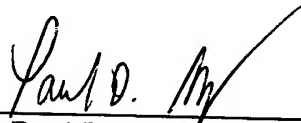
____ No fee enclosed – filing by missing parts.

XXX A check in the amount of **\$934.00** (\$894 filing fee and \$40 assignment recordal fee) is enclosed.

XXX The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467**. A duplicate copy of this Form is enclosed.

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Date of Signature




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